

ONLINE APPLICATION

FINANCIAL STATEMENT

ONLY THIS FORM IS ACCEPTABLE. IF NOT ON THIS FORM YOUR APPLICATION WILL NOT BE REVIEWED.

DATE OF STATEMENT _____

ASSETS

CURRENT ASSETS:

CASH IN BANK (TRUST ACCOUNT) \$ _____
NAME AND BANK ACCOUNT NUMBER

CASH IN BANK (OPERATING ACCOUNT) \$ _____

CASH ON HAND \$ _____
NAME AND BANK ACCOUNT NUMBER

ACCTS. RECEIVABLE (CLIENTS) \$ _____

ACCTS. RECEIVABLE (OTHER) \$ _____

NOTES RECEIVABLE \$ _____

MARKETABLE SECURITIES \$ _____

(LOWER COST OR MARKET)

MARKET MONEY FUNDS \$ _____

OTHER ASSETS \$ _____

DESCRIBE: _____

TOTAL CURRENT ASSETS

\$ _____

PROPERTY & EQUIPMENT

AUTOMOBILES \$ _____

OFFICE EQUIPMENT \$ _____

LEASEHOLD IMPROVEMENTS \$ _____

LESS ACCUMULATED DEPRECIATION \$ _____

NET PROPERTY & EQUIPMENT

\$ _____

TOTAL ASSETS

\$ _____

=====

=

LIABILITIES AND EQUITY

CURRENT LIABILITIES:

ACCTS. PAYABLE (CLIENTS) \$ _____ (IF CLIENTS ARE NOT OWED ANYTHING

ACCTS. PAYABLE (OTHER) \$ _____ SO STATE AND EXPLAIN ON BACK OF

NOTES PAYABLE (SHORT TERM) \$ _____ THIS FORM)

DESCRIBE: _____

NOTES PAYABLE (LONG TERM) \$ _____

DESCRIBE: _____

TAXES PAYABLE \$ _____

WAGES PAYABLE \$ _____

OTHER LIABILITIES \$ _____

ITEMIZE: _____

TOTAL CURRENT LIABILITIES \$ _____

EQUITY:

CAPITAL STOCK \$ _____
RETAINED EARNINGS \$ _____
TREASURY STOCK \$ _____

TOTAL EQUITY \$ _____

TOTAL LIABILITY & EQUITY \$ _____

IF APPLICABLE FILL OUT THE FOLLOWING:

CONTINGENT LIABILITIES _____ EXPLAIN

(GUARANTOR OR ENDORSER)

LONG TERM LEASES PAYMENT _____ TOTAL _____ MONTHLY

EQUIPMENT PAYMENT _____ TOTAL _____ MONTHLY

PREMISES PAYMENT _____ TOTAL _____ MONTHLY

=====

THE INFORMATION CONTAINED HEREIN TO BE HELD IN COMPLETE CONFIDENCE WITHIN THE
TENNESSEE COLLECTION SERVICE BOARD.

(PERSONAL - PARTNERSHIP - CORPORATION)
(CIRCLE ONE OF THE ABOVE)

NAME OF COLLECTION SERVICE

FULL
ADDRESS _____
STREET & NUMBER P.O. BOX CITY, STATE & ZIP CODE

=====

APPLICANTS AFFIDAVIT

I CERTIFY THE ATTACHED FINANCIAL INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF
MY KNOWLEDGE.

MANAGER AND/OR OWNER'S SIGNATURE

(NOTARY SEAL REQUIRED)

AGENCY NAME

SWORN AND SUBSCRIBED TO ME BEFORE THIS _____ DAY OF _____
20_____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

=====

PUBLIC ACCOUNTANT OR CERTIFIED PUBLIC ACCOUNTANT'S SIGNATURE

SIGNATURE

LICENSE NUMBER

(NOTARY SEAL REQUIRED)

FIRM NAME

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

IN-0286 (rev) 10-85